

Commonwealth of Virginia Department of Mines, Minerals and Energy Division of Gas and Oil P.O. Box 1416; Abingdon, VA 24212

Telephone: (276) 676-5423

## MONTHLY OIL PRODUCTION

|                       | ,             | tee submits the report of pro | ~                  |
|-----------------------|---------------|-------------------------------|--------------------|
| Date Submitted:       | (yea          |                               |                    |
| Permittee:            |               |                               |                    |
| Report Submitted B    | ***           |                               |                    |
|                       |               |                               |                    |
| Talanhana             |               |                               |                    |
| Telephone:            |               |                               |                    |
| Monthly Summary:      |               |                               |                    |
| Total Volume          | Bbls.         |                               |                    |
| REPORT OF CONNECTION* |               |                               |                    |
| File Number           | Permit Number | Operations Name               | Date Of Connection |
|                       |               |                               |                    |
|                       |               |                               |                    |
|                       |               |                               |                    |
|                       |               |                               |                    |
|                       |               |                               |                    |
|                       | MONTHLY P     | RODUCTION BY WELL             |                    |
| File Number           | Permit Number | Operations Name               | Bbls Produced      |
|                       |               | •                             |                    |
|                       |               |                               |                    |
|                       |               |                               |                    |

<sup>\*</sup>Use the above format on supplemental sheets as necessary

Form DGO-GO-20 Rev. 11/99